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:
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS (MB) FIRST JOTGE L. NICKNAME LAST SUFFIX	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE AREA CODE PHONE NUMBER EXTENSION	07-15-19 P03:59 I
6 CAMPAIGN TREASURER NAME	MS/MRS/MR) FIRST JORGE NICKNAME LAST SUFFIX Sqlings	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION	
9 REPORT TYPE	January 15 30th day before election Runoff July 15 8th day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month OI / 16 / 2019 THROUGH 07/	Day Year / 2019
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff Other Description II / D7 / 2017 General Special	
12 OFFICE	OFFICE HELD (if any) Edinburg City Council (Place 1)	
	GO TO PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME				
14 C/OH NAME	Jorge "Coac	15 Salinas	Filer ID (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR N	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITU DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITH INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS	OUT THE CANDIDATE'S OR OFFICEHOLDER'S	
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL I	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$ 0	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 35,000. —	
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS,	\$ 4,680	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 14,232.06	
CONTRIBUTION BALANCE	5. TOTAL F OF REP	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D	s 22,211.79	
OUTSTANDING LOAN TOTALS	6. TOTAL F LAST DA	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THAY OF THE REPORTING PERIOD	s ()	
18 AFFIDAVIT				
		I swear, or affirm, under penalty of per true and correct and includes all inform under Title 15, Election Gode.		
Notar Com	Y Public, State of Term. Expires 03-14-20	23	5	
Notary ID 12848143-6 Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP / SEALABOVE				
Sworn to and subsci		by the said Sorge L. Salinas	, this the	
day of Suly	10	to certify which, witness my hand and seal of office.		
Elizant Br	X	Elizabet Rodriguez	Notary Public	
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

10		
19	FILER NAME Torge "Gach" Salinas 20 Filer ID (Ethics Com	nmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 35,000
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 468
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	SCHEDULE E: LOANS	\$ 0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 14,232.06
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -0-
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ -
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Jorga "Couch" Salinas 4 Date out-of-state PAC (ID#:_ 7 Amount of contribution (\$) Albert Cardenas 6 Contributor address; City; State; Zip Code 2,500. -8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date ut-of-state PAC (ID#:_ Amount of contribution (\$) Kenneth Ponce City; State; Zip Code Contributor address; 1,500. PO BOX 2533 Edbs. TX 76540 Principal occupation / Job title (See Instructions) Employer (See Instructions) EMS Self Date Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) Victor Daniec Contributor address; City; State; Zip Code 500. -1/17/19 POBOX 2604 Edbs. TX 78540 Self Employed Self Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of contribution (\$) MBTE Enterprise LLC DBA Keth + Keith Insurance Group. Contributor address; City; State; Zip Code - 250. -1/17/19 3827 N. 10th St. Stc. 303 McAller, TX 78501 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurine Rep. 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Jorge Coach Salinas 5 Full name of contributor ut-of-state PAC (ID#:_____ 4 Date 7 Amount of contribution (\$) Purdue Brandon Fielder Collins + Mott LLP 6 Contributor address; City; State; Zip Code 1,500. -PO Box 2916 McAlley TX 7850Z 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Self Attorneys Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) Omar Ocha Contributor address; 1,250. City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Athorney Full name of contributor ut-of-state PAC (ID#:_____ Date Amount of contribution (\$) Alfonso Quintanilla Contributor address; City; State; Zip Code 5,000. -Principal occupation / Job title (See Instructions) Engineer Principal occupation / Job title (See Instructions) Engineer Engineer Amount of contribution (\$) Hidalgo Affordable Housing LTD Contributor address; City; State; Zip Code 1500. -5711 N. 10th Mcallon, TX 78504 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.

MONE.	TARY POLITICAL CONTR	IBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME	Jorge "Coach" Salmas		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PA Linebarger, Greggan, Blair + Sampse 6 Contributor address; City; Stat PO Box 17428 Austin, TX	e; Zip Code	7 Amount of contribution (\$) 2,500.
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
	Attorneys	Self	
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
1/22/19	Contributor address; City; State 5805 N. 3.2 St. Medler, 7.	e; Zip Code X 7850Y	1,000. —
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
	Realtor	Self	
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
17-71	Contributor address; City; State 2912 S. Jackson Rd. Mcallen, TX	78503	1,500.
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	one)
	Realtor	Self.	0115)
Date	Full name of contributor out-of-state PAC	G (ID#:)	Amount of contribution (\$)
1/22/19	Contributor address; City; State	; Zip Code	1,000 -
	819 N. Veterans Blud. Pharr, T	X 78577	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction Self	ons)
	ATTACH ADDITIONAL COPIES Of If contributor is out-of-state PAC, please see instr	F THIS SCHEDULE AS NEE	EDED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Jorge "Coach" Salinas		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC		7 Amount of contribution (\$)
1/5411	6 Contributor address; City; State 3710 Kiskadee Trail Edby. 74 7	- 1000 P. 1000 CHOOK	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructio	ns)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
1/22/19	Shaui Mahtani Contributor address; City; State 8133 N. 12 St. Mallun, "		2,000
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ns)
	Realton	Self	
Date		(ID#:)	Amount of contribution (\$)
1/24/19	Contributor address; City; State		500. –
	923 E. Conton Rd. Edby. TX 78:	539	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructio	ns)
Date		C (ID#:)	Amount of contribution (\$)
Walle	200	e; Zip Code	1,000 . —
	901 S. Texas Blud. Wesher, TX 7	8596	
Principal occup	Dation / Job title (See Instructions)	Employer (See Instruction	ns)
			*

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form. 2 FILER NAME Jorce Coach Spines	2 FILER NAME Jorge Couch " Salinas 4 Date 5 Full name of contributor				
Jorge Coach Salins 4 Date 5 Full name of contributor	Jorge Couch Salvas 4 Date 5 Full name of contributor cut-of-state PAC (ID#: 7 Amount of contribution (S) Jaines Solis 1,000. 7 Amount of contribution (S) Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Self Amount of contribution (S) Date Full name of contributor cut-of-state PAC (ID#: Amount of contribution (S) Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Amount of contribution (S) Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Amount of contribution (S) Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Amount of contribution (S) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) 2,000. 2,	The	Instruction Guide explains how to complete this	form.	Total pages Schedule A1:
Jame Solis Jam	Jame Sol's 6 Contributor address: // 3504 Stags kuy Edby T 76541 8 Principal occupation / Job title (See Instructions) Pharmacist Date Full name of contributor Contributor address: LSD8 N. 26th St. Mullun, TX 78541 Principal occupation / Job title (See Instructions) Date Full name of contributor Kyle Rupport Contributor address: City: State: Zip Code LSD8 N. 26th St. Mullun, TX 78541 Principal occupation / Job title (See Instructions) Date Full name of contributor Kyle Rupport Contributor address: City: State: Zip Code 2, 500. 3821 N. Hobbs Date Full name of contributor Self Amount of contribution (\$) Fincipal occupation / Job title (See Instructions) Contributor address: City: State: Zip Code 2, 000. 2, 000. Principal occupation / Job title (See Instructions) Employer (See Instructions)	2 FILER NAME	Jorge "Couch" Salinas	3	Filer ID (Ethics Commission Filers)
8 Principal occupation / Job title (See Instructions) Pharmacist Date Full name of contributor Contributor address; City: State: Zip Code Full name of contributor Contributor address; City: State: Zip Code LSD8 N. 26th St. Mullon, TX 76504 Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; City: State: Zip Code LSD8 N. 26th St. Mullon, TX 76504 Principal occupation / Job title (See Instructions) Employer (See Instructions) Sciff Amount of contribution (\$) Amount of contribution (\$) Full name of contributor Kyle Ruppert Contributor address; City: State: Zip Code 2, 500. 3821 W. Hobbs Date Principal occupation / Job title (See Instructions) Employer (See Instructions) Sciff Principal occupation / Job title (See Instructions) Employer (See Instructions) Sciff	Principal occupation / Job title (See Instructions) Self	4 Date	5 Full name of contributor uut-of-state PAG	C (ID#:) 7	Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) Pharmacist Date Full name of contributor Contributor address; Date Full name of contributor Contributor address; City; State; Zip Code LSD8 N. 26th St. Mcallan, TX 78504 Principal occupation / Job title (See Instructions) Date Full name of contributor Kyle Ruppert Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Amount of contribution (\$) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Kyle Ruppert Contributor address; City; State; Zip Code 2,500. Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Self	8 Principal occupation / Job title (See Instructions) Pharmacist Date Full name of contributor The Postine Program Contributor address; City: State: Zip Code LSD8 N. 26 M St. McAllan, TX 78504 Principal occupation / Job title (See Instructions) Date Full name of contributor Kyle Rupport Contributor address; City: State: Zip Code LVM Contributor address; City: State: Zip Code LVM Contributor address; City: State: Zip Code See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Kyle Rupport Contributor address; City: State: Zip Code 3821 W. Ho bbs Selby TX 78539 Principal occupation / Job title (See Instructions) Contributor address: Contributor Contributor Self Amount of contribution (\$) Amount of contribution (\$) Full name of contributor Contributor Contributor Contributor Contributor Contributor Contributor Contributor City: State: Zip Code 2,000. Ziby: TX 78539 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions)	yorka	6 Contributor address; City; State		1,000.
Pharmacist Date Full name of contributor The Postitive Program Contributor address; City: State: Zip Code 6508 N. 26th St. Mcallan, TX 76504 Principal occupation / Job title (See Instructions) Date Full name of contributor Kyle Rupport Contributor address; City: State: Zip Code Out-of-state PAC (ID#: Amount of contribution (\$) Amount of contribution (\$) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Contributor address; City: State: Zip Code 3821 W. Hobbs Contributor address; Subgr. TX 78539 Principal occupation / Job title (See Instructions) Contributor Contributor Subgr. TX 78539	Pharmacist Self			18191	
Date Full name of contributor The Postive Program Contributor address; City; State; Zip Code LSOS N. 26th St. Mallan, TX 76504 Principal occupation / Job title (See Instructions) Date Full name of contributor Kyle Ruppert Contributor address; City; State; Zip Code Living Contributor address; City; State; Zip Code Ryle Ruppert Contributor address; City; State; Zip Code Ryle Ruppert Contributor address; City; State; Zip Code Ryle Ruppert Contributor address; City; State; Zip Code State Contributor Amount of contribution (\$) Principal occupation / Job title (See Instructions) Contractor Employer (See Instructions) Self	Date Full name of contributor The Positive Program Contributor address; 6508 N. 26th St. Medicu, TX 76504 Principal occupation / Job title (See Instructions) Date Full name of contributor Kyle Ruppert Contributor address; City; State; Zip Code 1, 500. Employer (See Instructions) Self Amount of contribution (\$) Xyle Ruppert Contributor address; City; State; Zip Code 2, 500. Principal occupation / Job title (See Instructions) Contributor Self Date Full name of contributor Self Amount of contribution (\$) Amount of contribution (\$) The principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code Self Amount of contribution (\$) The principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code 2, 000. The principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	8 Principal occu		CONTRACTOR OF THE CONTRACTOR O	s)
The Positive Program Contributor address; City: State: Zip Code 6508 N. 26th St. Mcallan, TX 76504 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Self Amount of contribution (\$) Amount of contribution (\$) Kyle Ruppert Contributor address; City: State: Zip Code 3821 W. Hobbs Elby. TX 78539 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Self	The Post-the Fregram Contributor address; City: State: Zip Code 6508 N. 26th St. Mcallan, TX 78504 Principal occupation / Job title (See Instructions) Date Full name of contributor Kyle Ruppert Contributor address; City: State: Zip Code 3821 N. Hobbs Employer (See Instructions) Employer (See Instructions) 7,500. Amount of contribution (\$) Principal occupation / Job title (See Instructions) Contributor City: State: Zip Code 2,000. Contributor Contribut		Pharmacist	Self	*
Contributor address; City; State; Zip Code 6508 N. 26th St. Mcallan, TX 78504 Principal occupation / Job title (See Instructions) Date Full name of contributor Kyle Ruppert Contributor address; City; State; Zip Code 3821 N. Hobbs Contributor State PAC (ID#:	Contributor address: City: State: Zip Code 7, 500. Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Contributor address: City: State: Zip Code 3821 W. Ho bbs Contributor Self Principal occupation / Job title (See Instructions) Contributor Co	Date	Full name of contributor out-of-state PAG The Positive Program	C (ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Date Full name of contributor Kyle Ruppert Contributor address; City; State; Zip Code 3821 W · Hobbs Contributor address; Employer (See Instructions) Fincipal occupation / Job title (See Instructions) Contributor Self Date Fill name of contributor Contributor Contributor Self Fill name of contributor Contributor Self Fill name of contributor Self	Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Date Full name of contributor Kyle Ruppert Contributor address; City; State; Zip Code 3821 W. Hobbs Contrador Principal occupation / Job title (See Instructions) Contrador Date Full name of contributor Contrador Contributor City; State; Zip Code 2,000. Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	1/24/19	Contributor address; City; State		1,500.
Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Date Full name of contributor Kyle Ruppert Contributor address; City; State; Zip Code 3821 W · Hobbs Contributor address; Employer (See Instructions) Fincipal occupation / Job title (See Instructions) Contributor Self Date Fill name of contributor Contributor Contributor Self Fill name of contributor Contributor Self Fill name of contributor Self	Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Date Full name of contributor Kyle Ruppert Contributor address; City; State; Zip Code 3821 W. Hobbs Contrador Principal occupation / Job title (See Instructions) Contrador Date Full name of contributor Contrador Contributor City; State; Zip Code 2,000. Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)		6308 N. 26 St. Mcallon, T	X 78504	
Kyle Ruppert Contribution address; City; State; Zip Code 3821 W. Hobbs Edby. TX 78539 Principal occupation / Job title (See Instructions) Contrador Date Fill person for strictions Fill person	Kyle Ruppert Contributor address; City; State; Zip Code 2,500. 3821 W. Hobbs Edby. TX 78539 Principal occupation / Job title (See Instructions) Employer (See Instructions) Contributor Out-of-state PAC (ID#:	Principal occup		Employer (See Instructions	5)
Principal occupation / Job title (See Instructions) Contractor Date Self Employer (See Instructions) Self	Principal occupation / Job title (See Instructions) Contractor Date Full name of contributor Tsac Posadas Contributor address; Contributor address; City; State; Zip Code 2327 W. Rhin Dr. Edby. TX 78539 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	Date		C (ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Contractor Employer (See Instructions) Self	Principal occupation / Job title (See Instructions) Contractor Date Full name of contributor Tsacl Posadas Contributor address; Contributor address; City; State; Zip Code 2327 W. Rhim Dr. Edby. Tx 78539 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	1/24/19	Contributor address; City; State	; Zip Code	2,500.
Principal occupation / Job title (See Instructions) Contractor Employer (See Instructions) Scif	Principal occupation / Job title (See Instructions) Contractor Date Full name of contributor Tsacl Posadas Contributor address; Contributor address; Contributor address; City; State; Zip Code 2327 W. Rhin Dr. Edbs. Tx 78539 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)		3821 W. Hobbs Edby. TX:	78539	
Date Full page of early lives	Date Full name of contributor Seal Posadas Contributor address; City; State; Zip Code 2,000. The contribution of the c	Principal occup			s)
Date Full name of contributor	Tsaul Posadas Contributor address; City; State; Zip Code 2327 W. Rhin Dr. Edbs. 7x 78539 Principal occupation / Job title (See Instructions) Amount of contribution (\$) 2,000.		Contractor	Self	
	Contributor address; City; State; Zip Code 2,000. — 2327 W. Rhin Dr. Edbs. 7x 78539 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date	- Control-state 1 AC	C (ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code 2,000.	Principal occupation / Job title (See Instructions) Employer (See Instructions)	1/24/19	Contributor address; City; State		2,000.
2327 W. Rhin Dr. Edbs. TX 78539	Principal occupation / Job title (See Instructions) Employer (See Instructions)	,	2327 W. Rhin Dr. Edby. TI	78539	
Principal design of the second	Engineer Self	Principal occup			s)
Engineer Self			Engineer	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

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME	Jorge "Coach" Salinas		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PA	C (ID#:)	7 Amount of contribution (\$)
\.a	CJE Construction LLC		
1/24/19	6 Contributor address; City; State	e; Zip Code	2,500.
	4119 Crosspoint Blud St.10 &	Us. TX 78539	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
	Construction	Self	
Date	Full name of contributor ut-of-state PA	C (ID#:)	Amount of contribution (\$)
01 10	SADRA LLC		(4)
2/11/19	Contributor address; City; State	e; Zip Code	1,000 . —
	1325 Ozgrk Ave McAller	TX 78504	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
		Seif	
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
1 10	Jose Raminez		Amount of contribution (\$)
2/11/19	Contributor address; City; State	; Zip Code	500.
	214 W. Cano St. Edby.	TX 78539	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
	Attorney	Seif	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Contributor address; City; State	· · · · · · · · · · · · · · · · · · ·	
	Oity, State	, Zip Code	
Principal occup	ation / Job title (See Instructions)		
r meipar occup	audit / 300 title (See Instructions)	Employer (See Instructi	ons)
			•

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

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAM	Jorge "Coach" Salinas		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 468.00
5 Date	6 Full name of contributor out-of-state PAC (ID#:) le	8 Amount of Contribution \$ 9 In-kind contribution description 465. Check if travel outside of Texas. Complete Schedule T.
	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)		tor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor ut-of-state PAC (ID#:	de	Amount of In-kind contribution Contribution \$ description Check if travel outside of Texas. Complete Schedule T.
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIAL) (See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 (orders personal per listed choice)

Candidate/Officeholder/Politica Credit Card Payment		Wages/Contract Labor Other (enter a category not listed above)	
	The Instruction Guide explains how to c	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Jorge "Coach" Salmas	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name Jose Lara		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
150.	Edwary, TX 7853	39	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel outside of Texas. Complete Schedule T.	
OF	Fundraiser Donation	Check if Austin, TX, officeholder living expense	
EXPENDITURE	Takaraisa Dona in		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought Office held	
Date	Payee name		
1/22/19	EHS Girls Societ Program		
Amount (\$)	Payee address; City; State; Zip Code		
239	Ednbur, TX 78	541	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Fundraiser	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
1/25/19	Miguel Garza		
Amount (\$)	Payee address; City; State; Zip Code		
4,000.	Edinburg, TX 765	.734	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Contract Labor	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 S	SCHEDULE AS NEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/W The Instruction Guide explains how to c	Vages/Contract Labor Other (enter a category not listed a complete this form.	above)
1 Total pages Schedule F1:	-	3 Filer ID (Ethics Commission	ion Filers)
4 Date 125/19	5 Payee name Juan Salazar		
6 Amount (\$) 42.	7 Payee address; City; State; Zip Code McAllen, Tx 78	3501	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraiser (Medical Expenses)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought Office held	d
Date 2/3/19	Payee name Monise Chavez		
Amount (\$) 28. —	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraiser Cavazos Elementary	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 H	Office sought Office held	d
Date 2/6/19	Payee name Aliana Fumez		
Amount (\$)	Payee address; City; State; Zip Code	L	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundralur (Medical Expenses)	Description 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	ld
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

Credit Card Payment	The Instruction Guide explains how to c	ages/Contract Labor omplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Jorge "Coach Sal	hec	3 Filer ID (Ethics Commission Filers)
4 Date 2/21/19	5 Payee name Mama Mia Pizzaria		
6 Amount (\$)	7 Payee address; City; State; Zip Code	and the second by	
286.57	McAllen, TX 7850	ч	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense Food Beverage)	Control of the contro	side of Texas. Complete Schedule T. TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/10/19	Vince Ortiz		
Amount (\$)	Payee address; City; State; Zip Code		
150.	Edinburg, TX 78539		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraiser (Medical Expenses)		de of Texas. Complete Schedule T. FX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/15/19	Irene Garza		
Amount (\$)	Payee address; City; State; Zip Code		
100.	EdmburgiTX 78541		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraiser (La Palmita)		de of Texas. Complete Schedule T. 'X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEED	ED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/W The Instruction Guide explains how to committee	Nages/Contract Labor Other (enter a category not listed above) complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Jorge "Coach" Salin	3 Filer ID (Ethics Commission Filers	3)
4 Date 3 19/19	5 Payee name RGV Diabetes Assoc.		
6 Amount (\$)	7 Payee address; City; State; Zip Code RGV		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contact Contact	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date 3/22/19	Payee name Frank Sumaya Payee address; City; State; Zip Code		
Amount (\$) 35. —	Payee address; City; State; Zip Code Ldin bury, TX 78541	1	
PURPOSE OF EXPENDITURE	Fundraiser (ENHS Poys) Besketball	Description 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 3/22/19	Payee name Agular's Meet Market		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Food Expuse / Event (RGV Wokoff)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense **Printing Expense**

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Travel Out Of District Legal Services Salaries/Wages/Contract Labor Credit Card Payment 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) 4 Date 5 Payee name 7 Payee address; Edinbuy, TX 78539 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Fundaniser Check if Austin, TX, officeholder living expense **EXPENDITURE** 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Pizza Hut Amount (\$) City; State; Zip Code 210. Elinburg iTX 78541 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Food Expense Event EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) City; State; Zip Code Edinbur, TX 78541 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Fundraiser (Senior Hip Hop Elija) EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name

expenditure to benefit C/OH

Office sought

Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Contributions/Donations Made By Travel In District Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Travel Out Of District Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name 7 Payee address; Edinburg, TX 78541 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense Contract Labor EXPENDITURE 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) City; State; Zip Code Edinbus TX 78539 100. Category (See Categories listed at the top of this schedule) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Agulars Mest Market Amount (\$) Payee address; City; State; Zip Code 89 98 Edinbur, TX 78542 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Food Expense / Event Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

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 Jorge "Coach" Salinas 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 5/11/19 Agulars Meet Market
7 Payee address; City; State; Zip Code 148.91 Edinbury, TX 78542 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** __ Check if travel outside of Texas. Complete Schedule T. Food Expense / Event EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held Pavee name 5/26/19 Pedro Rosalis
City; State; Zip Code Amount (\$) 50. Edinbur, TX 78539 Category (See Categories listed at the top of this schedule) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. Fundraiser (Team RGV Basketball) EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held Date Payee name 5/30/19 Aguilars Meet Market

City; State; Zip Code Amount (\$) 568.40 Edinburg ,TX 78542 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Food Expense / Fundraiser Chicken Donation Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By

Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

6 Amount (\$) 9 Complete ONLY if direct expenditure to benefit C/OH	2 FILER NAME Jorge Coach S 5 Payee name El Buch Paster Pa 7 Payee address; City; State; Zip C Edn bury, Tx 78541 a) Category (See Categories listed at the top of this schedule) Fundraiser / Chicken downton to 1 Candidate / Officeholder name	a lives with Group code when the code of the code o	Other (enter a category not listed above) 3 Filer ID (Ethics Commission Filers atside of Texas, Complete Schedule T. TX, officeholder living expense
4 Date 6 7 19 6 Amount (\$) 196. 8 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date	Jorge Coach S 5 Payee name El Buen Pastor Pa 7 Payee address; City; State; Zip C Edn bury, Tx 78541 a) Category (See Categories listed at the top of this schedule) Fundraiser / Chicken donation to 1 Candidate / Officeholder name	(b) Description Check if Austin	utside of Texas. Complete Schedule T. , TX, officeholder living expense
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date	Edw bury, Tx 78541 a) Category (See Categories listed at the top of this schedule fundraiser / Chicken downton to 1 Candidate / Officeholder name	(b) Description Check if travel ou Check if Austin	, TX, officeholder living expense
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date	Category (See Categories listed at the top of this scheduler for fundraiser / Chicken donation for for Candidate / Officeholder name	(b) Description Check if travel ou Check if Austin	, TX, officeholder living expense
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date	Category (See Categories listed at the top of this scheduler for fundraiser / Chicken donation for for Candidate / Officeholder name	(b) Description Check if travel ou Check if Austin	, TX, officeholder living expense
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date	Fundraiser / Chicken donction to particular of Chicken donction to particular name	Check if Austin	, TX, officeholder living expense
Date	Payee name	Office sought	Office held
Date	Payee name	Office sought	Office held
			ou Hold
	0 1 0		
7/3/19	Orpha Garcia		
Amount (\$)	Payee address; City; State; Zip Coo	de	
1,000. —	Ednburg, TX 7854L		
PURPOSE	Category (See Categories listed at the top of this schedule)) Description	
OF .	Dona thich	Check if travel outsid	le of Texas. Complete Schedule T. X, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name		
expenditure to benefit C/OH	omosholder flame	Office sought	Office held
	Payee name		
7/15/19	Rene Garcia		
Amount (\$)	ayee address; City; State; Zip Code		
80	Edinbur, To 78539		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
	nation/Fundralism (Dynasty Cheer Te	Check if travel outside Check if Austin, TX,	of Texas. Complete Schedule T. officeholder living expense
omplete <u>ONLY</u> if direct spenditure to benefit G/OH	Candidate / Officeholder name	Office sought	Office Late
		V 150	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS MEEDE	